

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564088

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		9				
11		1				
12		9				
13		9				
14		9				
15		9				
16		9				
17		9				
18		9				
19		9				
20		9				
21		9				
22		9				
23		9				
24		9				
25		9				
26	1					
27		1				
28		1				
29		9				
30		9				
31		1				
32		1				
33		9				
34		9				
35		9				
36		9				
37		9				
38		9				
39		9				
40		9				
41		9				
42		9				
43		9				
44		9				
45		9				
46		9				
47		9				
48		9				
49		9				
50		9				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	125	←		←		←
TOTAL CLAIMS	127					